

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012560

STATE FILE NUMBER

318

1003

2981

Registration District No.

Primary Registration District

Registrar's No.

FILED MAR 26 1962

DO NOT WRITE
ON THIS STUB

AMENDED

VS.300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

Amended: Autopsy Report - Site: Unknown

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE MO. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN Pasadena Hills, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) Christian Hospital		d. STREET ADDRESS (If outside, give location) 7517 Rosedale	
3. NAME OF DECEASED (Type or print) Dennis		4. DATE OF DEATH Month March Day 17 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/30/1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
13a. FATHER'S NAME Dennis J. Corrigan		14. NAME OF HUSBAND OR WIFE Helen K. Corrigan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Perforated aortic aneurysm DUE TO (b) 451X DUE TO (c) [REDACTED] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [REDACTED] PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY [REDACTED] STATE [REDACTED]	
21. I attended the deceased from 10/5/61 to 3/16/62 and last saw her alive on 3/16/62 Death occurred at 4:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph G. Corrigan, M.D.		22b. ADDRESS 2425 N. Broadway	
22c. DATE SIGNED 3/19/62		22d. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 20, 1962	
24. FUNERAL DIRECTOR Arthur J. Donnelly		25. DATE RECD. BY LOCAL REG. MAR 19 1962	
26. ADDRESS 3840 Lindell Blvd.		27. REGISTRAR'S SIGNATURE Read Smith, M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

Corrigon

Dr. Frank Costello
2406 W. Broadway
8-532 Monday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.